

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. **10-620-866**
APPLICANT(S)

FILED DATE **07-15-03**

CLAIMS						
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3						
4						
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7						
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9		8				
10	1					
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19	1					
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24	1					
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29	1					
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TOTAL IND. 6						
TOTAL DEP. 46						
TOTAL CLAIMS 52						

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